

ISSUE SLIP STATE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | K/K | | 3-28-07 |
| O.I.P.E. CLASSIFIER | | 19 | 4-27-07 |
| FORMALITY REVIEW | JM | TC864 | 5-19-07 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(1 FET INSIDE)

Best Available Copy

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